



Rahway Police Dept.
1 City Hall Plaza, Rahway, NJ 07065

Rahway Police Special Needs Registry

The following is strictly for identification with the minimum data requested from individuals with disabilities and frail elderly who volunteer to register.

Personal/Residency Information:

First Name: _____ Middle Initial: ___ Last Name: _____

Sex: Male or Female

DOB: _____ Date form filled out: _____

Type of Residence: Private Special Needs Public housing

Other: _____

Facility/Residence/Community Name: _____ Apartment Name: _____

Street Address: _____ Apt. # _____ Floor: _____

City: _____

Phone Number: _____ Cell Phone: _____

Is Primary Phone TTY/TDD? Yes No

Email Address: _____

How well do you speak/understand English: Very well Not well Not at all

Primary Language spoken: _____

If Special Needs, Special Needs Residence Type: Assisted Living

Retirement Community Senior Housing Group Home

Residential Health Care Facility Other: _____

How many people including yourself are in your household: _____

Are you responsible for minor children: _____ How many: _____

Emergency Contact Information:

First Name: _____ Middle Initial: ___ Last Name: _____

Street Address _____ *Not a PO Box

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

The following information will further help us prepare for your evacuation:

- Do you have pets living with you? Yes No If yes, how many: _____

- Do you have a service animal? Yes No
- Are you bed bound? Yes No
- Weight Range: Less than 300lbs More than 300lbs
- Walk with the assistance of: No Assistance Another Person Cane
 Crutches Walker Service Animal Other : _____
- Do you use a wheelchair? Yes No If yes, what kind: _____
- Sight Impairment: No Impairment Glasses Blind
- Hearing Impairment: No Impairment Hearing Aid Deaf
- Check all items that apply: Use Oxygen Use Respirator
 Cognitive Impairment Dementia/Alzheimer's Developmental Disability
 Mental Health Condition

Evacuation Transportation Requirement:

- Do you require transportation? Yes No
- Standard transportation? Yes No
- Can you slide transfer Yes No
- Do you need a vehicle with a lift? Yes No
- Do you need to be transported by ambulance? Yes No

The following information will be helpful for your possible stay at an emergency shelter:

Do you have:

- Personal Emergency kit? Yes No
- Medication list? Yes No
- File/Vial of Life? Yes No
- Food Allergies? Yes No
If yes, specify: _____
- Other Allergies? Yes No
If yes, specify: _____
- Dialysis required? Yes No If yes, How often? _____

This form was filled out by: Self Family Member Other: _____

I am submitting this form voluntarily, for the use by emergency personnel, in the event that I should require assistance during an emergency.

Signature: _____ Date: _____